## CITY OF NEW ORLEANS DEPARTMENT OF PROPERTY MANAGEMENT DIVISION OF CEMETERIES

## **COMMERCIAL FILMING REQUEST FORM**

Project Name	
Sponsor Agency	
Address	
City, State, Zip Code	
Agency Representative	
Representative Phone	
Representative Email	
Cemetery	<ul> <li>□ Lafayette Cemetery No. 2</li> <li>□ Valence Cemetery</li> <li>□ Carrollton Cemetery No. 1 ("Green Street")</li> <li>□ St. Mary's Cemetery ("Carrollton Cemetery No. 2")</li> </ul>
Type of Project	<ul> <li>Commercial Film</li> <li>Commercial Photography</li> <li>Student Project</li> <li>Virtual or Social Media Content</li> <li>B-Roll Only</li> <li>Other (please specify):</li> </ul>
Film New Orleans Permit #	
Description of Scene (attach additional pages if necessary)	
Location Date	
Location Time	

Number of Participants	
Equipment	
Vehicles	
Regulations of the Division of (	ticipants and drivers must be familiar with and abide by the Rules and Cemeteries, along with all City of New Orleans ordinances. As the agency sponsibility for the conduct of all agents and participants during the
• • • • • • • • • • • • • • • • • • • •	e sponsor agency or any of its representatives damages the cemetery or onsor agency agrees to pay all costs to repair the damage.
the City of New Orleans, the D officers, employees, and agent whatsoever resulting from per use of cemetery property on the indemnify and to hold harmles	rtify that the sponsor agency and all of its representatives hereby release repartment of Property Management, the Division of Cemeteries, its its from any and all liability, loss, attorney's fees, or other expenses resonal injury, including death, property damage, or loss arising from the the date(s) specified herein. The sponsor agency further agrees to see the City of New Orleans from any and all liability, loss, attorney's fees, or negligent or intentional misconduct or that of its guests, employees, or emetery property.
By signing below, I certify that my knowledge and ability.	the information that I provided is accurate and complete to the best of
Agency Representative	 Date